

MDR Tracking Number: M5-04-3154-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-27-04.

Regarding dates of service 8-12-03 and 9-13-03:

1. The employee has not included the following and, therefore, has not complied with Commission Rules 133.307 (F) (1 – 3).
 - (1) An explanation of the disputed fee issue(s);
 - (2) Proof of employee payment for the health care for which the employee is requesting reimbursement.
 - (3) A copy of any EOB relevant of the dispute, or if no EOB was received, convincing evidence of carrier receipt of employee request for reimbursement.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the medication Vioxx from 10-17-03 through 12-22-03 was not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 10/17/03 through 12/22/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

07/19/2004

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IRO #: 5284

____ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ____ for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Physical Medicine. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 50 year-old, left handed female who originally injured her low back on ___. Her initial workup was essentially negative. Her scans revealed some arthritis. She had normal EMG/NCV studies and did not require surgical intervention. She did have a left SI joint injection, which did seem to decrease her symptoms. She's been on chronic Vioxx since that time. She underwent a comprehensive evaluation with ___. He is an occupational disability medicine physician. He could not find any objective findings for her complaints of back and shoulder pain.

DISPUTED SERVICES

The disputed services include the medical necessity of Vioxx.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer indicates that the patient should have only required Vioxx for approximately three months after her work injury. She has chronic degenerative changes, which are not related to her work injury.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,